

**OUTREACH SERVICES OF INDIANA
FEEDING TUBE PROTOCOL**

Client Name: _____

Date: _____

NAME OF CONTACTS	
Equipment Supplier:	Name/Contact Information:
Feeding Supplier:	Name/Contact Information:

INFORMATION ON GASTROSTOMY FEEDING, FLUIDS, EQUIPMENT AND CARE				
Tube Type:			Insertion Date:	
Tube Size:				
Number of Lumens (<i>circle one</i>): 1 2 3			Instructions for use:	
Type of Feeding (<i>Bolus/Bolus Pump/Continuous/other as described</i>):				
Position During Feeding & Medication Administration:				
Instructions for Checking Residuals, Holding Feedings, and Notifications (<i>where/how to document</i>):				
Instructions for Changing Tube (<i>frequency/by whom</i>):				
Instructions If Tube Clogs (<i>who to notify/what to do</i>):				
Instructions If Tube Dislodges (<i>who to notify/what to do</i>):				
Instructions for Medication Administration (<i>crushed to fine powder, liquid medication needing to be thinned or shaken</i>):				
Instructions for Weighing Individual:				
Instructions for Stoma Care:				
Care of Equipment:				
Instructions to Prevent Pulling or Dislodging Tube:				
TYPE OF FORMULA, FREE H ₂ O, FLUIDS, FLUSH AND FREQUENCY OF ADMINISTRATION: Store formula per manufacturer's recommendation. Most formulas should not be left at room temperature for >30 minutes after opening unless formulated for continuous feeding over several hours. Allow formula to warm at room temp x 30 minutes if refrigerated.				
Formula/Fluid/Flush	Frequency	Amount	Rate	Special Instructions

Physician Signature _____ Date _____ (Annually & PRN for Changes)